

# RCRIS UNIVERSE MAINTENANCE FORM

freedom textile  
Chemicals Co  
GEN

EPA ID

P A D O O 2 3 5 1 7 8 1

Facility Name Reilly Whiteman Walton Co.

Source: N A S E

Notification Date 11.17.94

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	<u>I</u>	<u>R</u>	
Transporter			
TSD			
Burner			
HWF Market to Blender		HWF Other Market	HWF Buner
OSO Market to Burner		OSO Other Market	OSO Burner
SO ACT:			
Burner Type: Utility Boiler		Industrial Boiler	Furnace
Underground Injection Control:			
Recycler:			
Mode of Transportation: Air Rail Highway Water Other			

Process Code Information  
Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

<input checked="" type="checkbox"/> IR Inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	
	Date to Data Entry <u>1.12.95</u>
	Batch Number <u>153</u>
	Date QAd <u>1.20.95</u>



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD002351781

01/26/95

INSTALLATION ADDRESS

FREEDOM TEXTILE CHEMICALS CO  
801 WASHINGTON ST  
CONSHOHOCKEN, PA 19428  
JAMES GATTO EHS MGR

801 WASHINGTON STREET  
CONSHOHOCKEN, PA 19428

Copy to Jinks  
1-26-95 HST

R

Name Not y  
Ald  
4/11/95

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 111A1D1010121315111718111 Date: 1-20-95

FACILITY NAME Reilly Whiteman INC.

New Facility Name

Name Change Freedom Textile Chemicals CO

Location of Installation

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

Installation Mailing Address

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installation Contact

Last Name Gatto First James

Job Title Ehs mgr. Phone # 610-928-3800

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership

Name of Legal Owner FCC ACQUISITION CORP

Street 1735 Market Street

City/Town Philadelphia State PA Zip 19103

Phone # (215) 979-3100 Land Type P Owner Type P

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PA01 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated in RCRIS by \_\_\_\_\_ RR Date 1/24/95

HST

1-25-95

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
-------------------	------	---------------------	--------------------

Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____

Mode of Transportation: \_\_\_\_\_

Air \_\_\_\_\_ Rail \_\_\_\_\_ Highway \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_

Burner/Blender \_\_\_\_\_

B Boiler and/or Industrial Furnace (BIF) only.  
 D BIF only; Smelter Deferral.  
 E BIF only; Small Quantity Exemption claimed.  
 N Not a Burner/Blender, Verified.  
 X Other Burner/Blender Activity.  
 Blank Unverified.

HWF Market to Burner \_\_\_\_\_

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.  
 Blank No activity.

HWF Other Market \_\_\_\_\_

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner \_\_\_\_\_

B Boiler and/or Industrial Furnace.  
 X Indication of activity.

OSO Market to Burner \_\_\_\_\_

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market \_\_\_\_\_

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner \_\_\_\_\_

B Boiler and/or Industrial Furnace.  
 X Indication of Activity.

SO ACT: \_\_\_\_\_

Code indicating that the handler is engaged in marketing of specification fuel oil activities.  
 B Boiler and/or Industrial Furnace.  
 X Indication of Activity.

Burner Types

Utility Boiler \_\_\_\_\_ Industrial Boiler \_\_\_\_\_ Ind. Furnace \_\_\_\_\_

Underground Injection Control \_\_\_\_\_

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler: \_\_\_\_\_

C Commercial  
 R Non-Commercial Recycler  
 N Not a Recycler, Verified  
 Blank Not a recycler, unverified.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

PA/DC SECTION  
Date Received  
(For Official Use Only)  
**JAN 18 1995**

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (Complete item C)

## C. Installation's EPA ID Number

P A D 0 0 2 3 5 1 7 8 1

## II. Name of Installation (Include company and specific site name)

F R E E D O M T E X T I L E C H E M I C A L S C O

## III. Location of Installation (Physical address not P.O. Box or Route Number)

### Street

8 0 1 W A S H I N G T O N S T R E E T

### Street (Continued)

### City or Town

C O N S H O H O C K E N

### State

P A

### Zip Code

1 9 4 2 8 - 2 3 9 3

### County Code

### County Name

M O N T G O M E R Y

## IV. Installation Mailing Address (See Instructions)

### Street or P.O. Box

8 0 1 W A S H I N G T O N S T R E E T

### City or Town

C O N S H O H O C K E N

### State

P A

### Zip Code

1 9 4 2 8 - 2 3 9 3

## V. Installation Contact (Person to be contacted regarding waste activities at site)

### Name (Last)

G A T T O

### (First)

J A M E S

### Job Title

E H S M A N A G E R

### Phone Number (Area Code and Number)

6 1 0 - 8 2 8 - 3 8 0 0

## VI. Installation Contact Address (See Instructions)

### A. Contract Address Location Mailing Other

☒

### B. Street or P.O. Box

8 0 1 W A S H I N G T O N S T R E E T

### City or Town

C O N S H O H O C K E N

### State

P A

### Zip Code

1 9 4 2 8 - 2 3 9 3

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

F C C A C Q U I S I T I O N C O R P O R A T I O N

### Street, P.O. Box, or Route Number

1 7 3 5 M A R K E T S T R E E T S U I T E 3 5 0 0

### City or Town

P H I L A D E L P H I A

### State

P A

### Zip Code

1 9 1 0 3 -

### Phone Number (Area Code and Number)

2 1 5 - 9 7 9 - 3 1 0 0

### B. Land Type

P

### C. Owner Type

P

### D. Change of Owner Indicator

Yes ☒

No ☐

### (Date Changed)

Month Day Year  
1 2 0 1 9 3

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
P A O 1					

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Joseph L. Rotondo

Name and Official Title (Type or print)

Joseph L. Rotondo - V.P.

Date Signed

1/11/95

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

```

*****
*
*          RCRIS: Notification View Screen 2 of 6
*****
*EPA Id: PAD002351781      Other Id:      Merge Send: Y
*Date Received(MMDDYY): 081880      Source( N/E/S ): N Non-Notifier Flag:
*Date Acknowledged (MMDDYYYY):      Send Acknowledgement:
*Name of Installation: REILLY WHITEMAN INC
*
*          Installation Location Address
*Streets: 801 WASHINGTON STREET
*City:     CONSHOHOCKEN      State: PA      Zip: 19428
*County Code: 091      County Name: MONTGOMERY
*
*          Installation Mailing Address
*Streets: 801 WASHINGTON ST
*City:     CONSHOHOCKEN      State: PA      Zip: 19428
*
*          Contact Information
*   Last Name      First Name      Title      Phone      Address(M,L,O)
* CHARLES          TURRI          CHEMIST    2158283800    L
*Streets: 801 WASHINGTON STREET
*City:     CONSHOHOCKEN      State: PA      Zip: 19428
*Land Type:
*****
* Enter-Continue      F1-Previous Screen      F3-Exit
*****

```

```

*****
*          RCRIS: Notification View Screen 3 of 6
*****
* EPA Id:      PAD002351781      Other Id:      Source: N
*
* Owner Sequence Number:      1
* Ownership:  OWNERNAME      Type of Owner: P
*
*
*          Address of Owner/Operator
*
*   Street: OWNERSTREET
*   City:   OWNERCITY      State: AK Zip Code      99999
*   Phone:  2155551212
*
* Current/Previous Indicator: CO      Change Date(MMDDYY):
*
*

```

```

*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner
* F6-Prev. Owner      F8-Help      F9-First      F10-Next
*****

```

```

*****
*          RCRIS: Notification View Screen 4A of 6
*****
* EPA Id: PAD002351781      Other Id:      Source: N
*
*
*          RCRA Reg      RCRA Reg      State Reg      State Reg
* Waste Activity      Type      Status      Desc      Status      Desc
* -----
* HW Generator:      1      N      1
* HW TSD:
* HW Transporter:
* Transport Mode: Air:      Rail:      Highway:      Water:

```

\* HW Burner/Blender:  
\* NHW Used Oil Recycler:

```
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help
*****
```

\* EPA Id: PAD002351781 Other Id: Source: N

\* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical  
\* D002

```

*Enter-Continue          F1-Previous Screen      F3-Exit
*f8-Help                 F9-First                F10-Next
*****

```



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS - PART A

Date of Inspection 11/17/94 Time start 10:40 am Time finish 10:50 am  
 Name of Inspector P. Handke  
 Company, installation name Reilly-Whiteman-Walton Co.  
 Location 801 Washington Street, Conshohocken, PA 19428  
 County Montgomery Municipality Conshohocken Borough  
 Identification number PAD002351781  
 Name of responsible official Jim Gatto  
 Title Environmental Manager  
 Mailing Address 801 Washington Street, Conshohocken, PA 19428  
 Area code and telephone number 610/828-3800  
 Name of person interviewed Jim Gatto  
 Title Environmental, Health, and Safety Manager  
 Mailing address (if different from above) same  
 Area code and telephone number same

## 1. Current waste handling method:

- |   |  |  |  |                                  |
|---|--|--|--|----------------------------------|
| a. <input type="checkbox"/> On-site             | <input type="checkbox"/> treatment,            | <input type="checkbox"/> storage,            | <input type="checkbox"/> disposal            | <input type="checkbox"/> PBR     |
| b. <input type="checkbox"/> On-site             | <input type="checkbox"/> use,                  | <input type="checkbox"/> reuse,              | <input type="checkbox"/> recycle,            | <input type="checkbox"/> reclaim |
| c. <input checked="" type="checkbox"/> Off-site | <input checked="" type="checkbox"/> treatment, | <input checked="" type="checkbox"/> storage, | <input checked="" type="checkbox"/> disposal |                                  |
| d. <input checked="" type="checkbox"/> Off-site | <input type="checkbox"/> use,                  | <input type="checkbox"/> reuse,              | <input checked="" type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |

## 2. Amount of hazardous waste produced:

- a. > 1000 kg kg./mo.  
 b. \_\_\_\_\_ kg./yr.

## 3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
D001	Chem Met Services	Wyandotte, MI
D002	Chem Met Services	Wyandotte, MI
PAD1	EWR	Conn

4. Source Reduction: ☐ accomplished, ☒ proposed, ☐ not proposed

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WASTE MANAGEMENT

## HAZARDOUS WASTE INSPECTION REPORT GENERATORS - PART B

Site Name Billy-Whitman ID Number PA0002351781 Date 11/17/94

Hazardous Waste Inspection Report  
Generators - Part B

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE ITEM
1	2	3	4			
X				Hazardous waste determination, performed on all waste streams	262.11	H001
X				Identification number	262.12	H002
X				Hazardous waste shipments offered only to licensed transporters	262.12(d)	H003
X				Authorization received from TSD facility for wastes shipped off-site within PA	262.13	H004
X				PA manifest used for intrastate shipments	262.20(b)	H005
X				TSD state manifest or PA manifest used for out-of-state shipments	262.20(c)	H006
X				Manifests filled out properly and completely	262.20(g)	H007
X				Manifests routed properly and within time limits (7 days)	262.23(e)(f)	H008
X				Proper U.S. DOT shipping containers or packages being used	262.30(1)	H009
X				Shipping containers marked and labeled according according to U.S. DOT	262.30(2)	H010
X				Containers of 110 gal. or less permanently marked with required hazardous waste label	262.30(3)	H011
X				Placards offered to transporter	262.33	H012
X				Waste in containers or tanks accumulated on-site for less than 90 days	262.34(a)(1)	H013
		X		Wastes placed in containers properly marked and labeled or in tanks meeting requirements of Chapter 265, Subchapter J	262.34(a)(2)	H014
		X		Containers managed in accordance with Chapter 265, Subchapter I (any non-compliance for Subchapter I requirements is a violation of 262.34(a)(3))	262.34(a)(3)	H015
X				a). All containers of haz. waste in good condition	265.171	H016
X				b). Containers compatible with hazardous waste being stored within	265.172	H017
X				c). Containers of hazardous waste kept closed	265.173(a)	H018
X				d). Containers of hazardous waste are managed to prevent leaks	265.173(b)	H019
		X		e). Containers of hazardous waste labelled to accurately identify contents	265.173(c)	H020
		X		f). Haz. waste accumulation areas inspected at least weekly	265.174	H021
X				g). Special requirements for ignitable, reactive and incompatible waste being met	265.176 - .177	H022
X				h). Proper containment and collection system(s)	265.178	H023
		X		Containers clearly marked with accumulation date and visible for inspection	262.34(a)(4)	H024
X				On the job or classroom personnel training program as per 265.16	262.34(a)(5)	H025

**Hazardous Waste Inspection Report  
Generators - Part B**

1-No Violation Observed    2-Not-Applicable    3-Not-Determined    4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE ITEM
1	2	3	4			
X				Records retained at designated location for 20 years	262.40(a)	H026
X				Quarterly reports submitted to the Department	262.41(a)	H027
X				Exception reporting procedures followed	262.42	H028
	X			Hazardous waste disposal plan, if required	262.45	H029
X				Spill reporting procedures followed	262.46(a)	H030
X				Preparedness, Prevention and Contingency Plan developed and implemented in accordance with Chapters 264 and 265	262.46(e)	H031
	X			Special requirements followed for international shipments	262.50, 53, 55, 60	H032
		X		Source reduction strategy prepared and available	262.80	H033

## INSPECTION REPORT COMMENTS

Date of Inspection Nov. 17, 1994Identification Number PAD002351781Company/Facility/Site Name Reilly Whiteman Walton Co.

A hazardous waste generator inspection was performed on Thursday, November 17, 1994 by Paul Handke. Jim Gatto, Environmental, Health and Safety Manager granted access to the site and was the interviewee during the inspection.

The following observations were made:

1) Reilly Whiteman Walton Co. is currently listed as a not RCRA regulated conditionally exempt small quantity generator.

2) Based on a recent sampling of waste oil generated by Reilly Whiteman Walton Co., it has been determined that this oil is a hazardous waste oil, with total halogens greater than 1000 ppm. With this waste oil now being part of Reilly Whiteman Walton Co.'s hazardous waste stream, greater than 1000 kg per month of hazardous waste is being generated by this facility. It is suggested that Reilly Whiteman Walton Co. renotify, both the Department and the U.S. Environmental Protection Agency, as a large quantity generator using EPA Form 8700-12 (Rev. 11/30/93), EPA Notification of Regulated Waste Activity, and PaDER Supplement to U.S. EPA Notification of Hazardous Waste Activity.

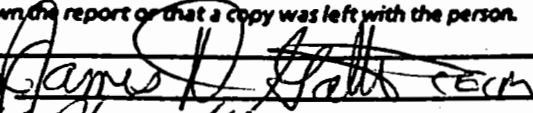
3) Reilly Whiteman Walton Co. is a specialty chemical company, producing chemicals for the textile and leather industry.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

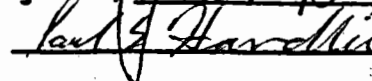
Person interviewed (signature)



Date

11/21/94

Inspector (signature)



Date

11/21/94

## INSPECTION REPORT COMMENTS

Date of Inspection Nov. 17, 1994 Identification Number PAD002351781  
 Company/Facility/Site Name Reilly Whiteman Walton Co.

The Following lines were marked not determined:

Line #H014: Reilly Whiteman Walton Co's hazardous waste oil storage tank currently does not have proper containment. Mr. Gatto stated that since the oil was classified as a hazardous waste, he has been working on getting containment for the tank. It is suggested that the tank be properly contained by January 20, 1995 to meet the requirements of 25 Pa Code Chapter 265. Subchapter J.

Line #s H015, H020, H021, + H024: On this date, one 55 gallon drum of hazardous waste was on site. The drum was labelled 'solvent waste' with the accumulation date unclear due to a recent rain. It was suggested that a hazardous waste label be used to label the drums, which will include the accumulation date, waste type and waste number. An inspection log was not available for the hazardous waste container storage area. It was suggested that a log be maintained for the inspections of the storage area.

Line # H033: A source reduction strategy was prepared for the hazardous waste oil, but not for the D001 and D002 waste streams. It was suggested that a source reduction strategy be prepared for these waste streams.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) [Signature]

Date 11/17/94

Inspector (signature) [Signature]

Date 11/21/94

DER-RECEIVED  
SOUTHEAST REGION



OCT 26 1992  
REILLY-WHITEMAN INC.  
INDUSTRIAL PROCESS OILS AND CHEMICALS  
TOLL FREE 800-533-4514

801 WASHINGTON STREET

CONSHOHOCKEN PA 19428  
TELEPHONE: 215 828-3800  
FAX: 215 834-7855

October 21, 1992

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES  
Ms. Maura L. Trimble  
Waste Management Specialist  
Lee Park, Suite 6010  
555 North Lane  
Conshohocken, Pa 19428

RE: Hazardous PADER Waste Site Inspection; Notice of  
Violation Response Letter

Dear Ms. Trimble,

This letter is in response to the Notice of Violation letter submitted to Reilly-Whiteman, Inc. by PADER, Field Operations Waste Management Division. The two violations which you have identified; namely, the hazardous waste determination on the waste water treatment sludge and the liquid material in the tank farm containment area have both been addressed.

The sludge generated from our on site waste water treatment activity is categorized as non Hazardous, non regulated material. Sabre Environmental Services handles the disposal of our filter cake sludge and transports the drummed material to Chem-Met Services in Wyandotte, Michigan. An analysis of the filter cake sludge conducted in February 1992, categorized the sludge as non hazardous. Attached are copies of both the generator waste analysis form completed by Sabre Environmental Services and the acceptance letter for our filter cake from Chem-Met Services. Based on the supplied information, I feel Reilly-Whiteman is not in violation of Section 103 of the act (35 P.S. SS G018.103); generation of a solid waste.

With regard to the PADER identified spilled/leaked liquid material in the tank farm containment area, the leak resulted from a faulty valve on one of the oil storage tanks located in the tank containment area. The material was identified as raw fish oil which leaked from the faulty valve. The fish oil was pumped out of the tank farm area to our onsite waste oil storage tank. The valve also has since been replaced. As a result, the potential pollution threat has been eliminated.

Reilly-Whiteman, Inc. also is in the process of evaluating several alternatives to upgrade both the appearance of the tank farm containment area and also to improve the visible aesthetics of the area. As a result of our planned improvement and upgrade. I feel that Reilly-Whiteman will not be in violation of Act 97 and the Clean Streams Law of PA. The upgrade and improvement of the tank farm containment program will be completed within the next two years. (Goal 1993-1994)

If you have any questions concerning our response to the afore mentioned violations, please feel free to contact me.

Very truly yours,

Reilly-Whiteman, Inc.

*James D. Gatto*

James D. Gatto  
Environmental Manager

JDG/ht

cc: Bernie Nosek

ATTEN: JIM GATTO



**CHEM-MET SERVICES, INC.**

18550 ALLEN ROAD  
POST OFFICE BOX 2169  
WYANDOTTE, MICH. 48192

SABRE  
ATTN: BERNIE NOSEK  
SABRE ENV SERVICES  
21 NO MAIN ST  
WOODSTOWN NJ  
08098

PAD002351781  
REILLY WHITMAN  
801 WASHINGTON STREET

CONSHOCKEN PA  
19428  
92/02/28

215-828-3800

Dear Generator/Customer:

In response to your request, Chem-Met Services, Inc. wishes to notify you concerning the disposal of the following:

Analysis Number : **REI78158**  
Proper DOT Shipping : Non Regulated Material  
Description :  
: Filter Caks  
Waste Code(s) : 029L  
D.O.T. ID. : NA ( )  
Spec. Handling Instr. :

**ANALYSIS # and WHO TO BILL must appear on every manifest to be accepted at Chem-Met Services.**

Please be advised that this waste has been accepted for disposal under the provisions of our State of Michigan, Act 64 Hazardous Waste Facility Operating License, and our U.S. EPA interim status operating authority.

**IMPORTANT NOTE:** Analysis # MUST appear on all manifests, drums, and correspondence concerning this material. Please put the analysis # in box J on each manifest. The analysis # on the drums will speed up processing time at Chem-Met Services, Inc., reduce the risk of rejection, and increase the safety to employees sampling your waste.

Chem-Met Services, Inc. reserves the right to reject any and all waste on receipt at our facility. A properly completed Michigan manifest is required for all materials.

Please call our Dispatch Office, your chemical broker, or transporter to arrange for a pickup or delivery schedule.

Any changes in the composition of this waste stream, process design modification, feedstock changes or increases in the amount of waste to be generated should be reported to Chem-Met Services, Inc. We will determine if additional sampling and analysis are necessary.

If you have any questions regarding our processing, regulatory control or compliance please do not hesitate to call.

We look forward with confidence to being of service to you.

William R. Hartman  
Vice President



ATTN: JAMES D. GATTO



**Chem Met Services, Inc.**  
18550 Allen Rd.  
P.O. Box 2169  
Wyandotte, MI 48192

Phone: (313) 282-9250  
(800) 282-9251  
FAX: (313) 282-1655  
EPA ID: MID 096963194

## GENERATOR WASTE ANALYSIS FORM

BILLING NAME SABRE ENVIRONMENTAL SERVICES  
Address 21 N. MAIN ST.  
City WOODSTOWN State N.J. Zip 08098  
Contact BERNARD E. NOSEK Phone 609-769-3311 FAX 609-769-3868  
WASTE GENERATOR EPA ID. PAD002351781

Name REILLY WHITEMAN  
Address 801 WASHINGTON ST.  
City CONSHOHOCKEN State PA. Zip 19428  
Contact James D. Gatto Phone 215-828-3800 FAX 834-7855

GENERAL DESCRIPTION FILTER CAKE FROM  
OF WASTE & PROCESS SOAP MFG

QUANTITY 16 ☒ Drums ☐ Yards ☐ Tons PER ☐ Week ☒ Month ☐ Year ☐ Once

MAJOR COMPONENTS: 1% (10,000 mg/kg) or greater of waste content. Total major and minor components must add up to 100%.

COMPOSITION OF LULUBILI

PERCENT CONCENTRATION

SILICA SAND85-95%WATER5-10%

PHYSICAL STATE ☐ Solid ☐ Liquid ☒ Sludge % Solid \_\_\_\_\_ % Liquid \_\_\_\_\_

YES	NO	YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS:

☐ HAZARDOUS WASTE ☒ NON-HAZARDOUS WASTE  
List all hazardous waste numbers from RCRA and Michigan Act 54 rules.

I hereby certify that all information submitted in this and all attached documents are complete and accurate and that all known or suspected hazards have been disclosed.

B. Noan G.M. 2-27-92  
Generator Signature Title Date

TCLP \_\_\_\_\_ EP TOX \_\_\_\_\_ TOTAL \_\_\_\_\_ SEE ATTACHED \_\_\_\_\_

EPA HW CONTAMINANT NUMBER

REG. LEVEL (mg/l) ANALYTICAL

D001 Ignitable  
D002 Corrosive  
D003 Reactive

>100°F <140°F NO  
pH <2 or >12.6 NO  
Cyanide (250) NO  
Sulfide (500) NO

## METAL CHARACTERISTICS:

D004 Arsenic	5.0	<u>0</u>
D005 Barium	100.0	<u>0</u>
D006 Cadmium	1.0	<u>0</u>
D007 Chromium	5.0	<u>0</u>
D008 Lead	5.0	<u>0</u>
D009 Mercury	0.2	<u>0</u>
D010 Selenium	1.0	<u>0</u>
D011 Silver	5.0	<u>0</u>
D012 Copper	100.0	<u>0</u>
D013 Zinc	500.0	<u>0</u>

## ORGANIC CHARACTERISTICS:

D012 Endrin	0.02	<u>0</u>
D013 Lindane	0.4	<u>0</u>
D014 Methoxychlor	10.0	<u>0</u>
D015 Toxaphene	0.5	<u>0</u>
D016 2,4-Dichlorophenoxyacetic Acid	1.0	<u>0</u>
D017 2,4,5-TP (Silver)	0.5	<u>0</u>
D018 Benzene	100.0	<u>0</u>
D021 Chlorobenzene	6.0	<u>0</u>
D022 Chloroform	200.0	<u>0</u>
D023 o-Cresol	200.0	<u>0</u>
D024 m-Cresol	200.0	<u>0</u>
D025 p-Cresol	200.0	<u>0</u>
D026 Cresol	7.5	<u>0</u>
D027 1,4-Dichlorobenzene	0.5	<u>0</u>
D028 1,2-Dichloroethane	0.7	<u>0</u>
D029 1,1-Dichloroethylene	0.13	<u>0</u>
D030 2,4-Dinitrotoluene	0.008	<u>0</u>
D031 Heptachlor	0.13	<u>0</u>
D032 Hexachlorobenzene	0.5	<u>0</u>
D033 Hexachlorobutadiene	3.0	<u>0</u>
D034 Hexachloroethane	200.0	<u>0</u>
D035 Methyl Ethyl Ketone	2.0	<u>0</u>
D036 Nitrobenzene	100.0	<u>0</u>
D037 Pentachlorophenol	5.0	<u>0</u>
D038 Pyridine	0.7	<u>0</u>
D039 Tetrachloroethylene	0.5	<u>0</u>
D040 Trichloroethylene	400.0	<u>0</u>
D041 2,4,5-Trichlorophenol	2.0	<u>0</u>
D042 2,4,6-Trichlorophenol	0.2	<u>0</u>
D043 Vinyl Chloride	50.0	<u>0</u>
PCB		

## CHEM MET INTERNAL USE ONLY

## LAB APPROVAL

## ANALYSIS I.D.

NA NA1993

NA9189

UN1325

UN1759

UN1760

UN1993

Hazard Class

Unit Code

Waste Codes

☐ Approved☐ Broker☐ Rejected Authorization

Date

Description:

Comment:



REILLY-WHITEMAN INC. Conshohocken, Pennsylvania 19428  
INDUSTRIAL PROCESS OILS AND CHEMICALS

■ Telephone: 215-828-3800  
CABLE ADDRESS: WHITEMAN PHILADELPHIA

April 28, 1981

Miss Marjorie Kaplan  
EPA, Region III  
RCRA Administrative Support  
3EN 24  
6th and Walnut Streets  
Philadelphia, PA 19106

Dear Miss Kaplan:

Following our phone conversation of April 28, we hereby authorize you to  
include on Page 3 of 5 on Form 3 Process Codes SO2 and TO1.

Yours sincerely,

REILLY-WHITEMAN INC.

Charles A. Turri

CAT:pb

RECORD OF  
COMMUNICATION

☐ OTHER (SPECIFY)

(Record of item checked above)

TO: Billy-Whiteman Inc

FROM: William Budd

DATE 7/7/81

TIME 10<sup>30</sup>

SUBJECT

SUMMARY OF COMMUNICATION

Mr. Turri indicated that the TO1 and SO2  
process are neutralization prior to discharge  
to a POTW. (The storage is under 90 days.)  
He is therefore non-regulated <sup>but</sup> <sub>IN.</sub> would still  
like his ID #.

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

July 7, 1981

Mr. Charles Turri  
Reilly-Whiteman Inc.  
801 Washington Street  
Conshohocken, PA 19428

Re: EPA I.D. No. PAD 00 235 1781

Dear Mr. Turri:

EPA has completed its initial review of your application for a permit to treat/store/dispose of hazardous waste under the Resource Conservation Recovery Act ("RCRA"). From the information provided it appears that you are not required to obtain a RCRA permit in accordance with 40 CFR Part 122.21(d)(2). Under this section, a generator is allowed to accumulate hazardous waste on-site for up to 90 days, in accordance with 40 CFR Part 262.34, without a RCRA permit. This section also states that owners or operators of an "elementary neutralization unit" or a "wastewater treatment unit," as defined in 40 CFR Part 260.10, are not required to obtain RCRA permits. These are defined as follows:

A) Elementary Neutralization Unit means a device which:

- (1) Is used for neutralizing wastes which are hazardous wastes only because they exhibit the corrosivity characteristic defined in §261.22 of EPA's Hazardous Waste Regulations, or are listed in Subpart D of Part 261 of EPA's Hazardous Waste Regulations only for this reason; and,
- (2) Meets the definition of tank, container, transport vehicle, or vessel in §260.10 of EPA's Hazardous Waste Regulations.

B) Wastewater Treatment Unit means a device which:

- (1) Is part of a wastewater treatment facility which is subject to regulation under either Section 402 (NPDES Permit Program) of Section 307(b) (Pretreatment Requirements) of the Clean Water Act; and,
- (2) Receives and treats or stores an influent wastewater which is a hazardous waste as defined in §261.3 of EPA Hazardous Waste Regulations, or generates and accumulates a wastewater treatment sludge which is a hazardous waste as defined in §261.3 of EPA's Hazardous Waste Regulations, or treats or stores a wastewater treatment sludge which is a hazardous waste as defined in §261.3 of EPA Hazardous Waste Regulations; and,

- (3) Meets the definition of tank in §260.10 of EPA's Hazardous Waste Regulations.

C) Tank means a stationary device, designed to contain an accumulation of hazardous waste which is constructed primarily of non-earthen materials (e.g. wood, concrete, steel, plastic) which provide structural support.

You should be aware that EPA is concurrently proposing to modify Parts 122, 260, 264 and 265 to establish special standards and permit requirements for the owners/operators of these facilities. Under this proposal, which is also contained in the November 17, 1980 Federal Register, these owner/operators would be granted a permit-by-rule as long as certain requirements, proposed in Part 266, were met. Also, the permit-by-rule could be terminated for violation of the Part 266 standards or where additional requirements are found to be necessary to protect human health and the environment.

EPA is returning your permit application since the information contained therein does not demonstrate that the facility is required to obtain a permit under Section 3005 of RCRA. If EPA's interpretation of the application is incorrect or if the application itself is incorrect, and the facility is in fact one which is required to have a permit under Section 3005 of the Act, a complete RCRA Part A Application (EPA Forms 3510-1 and 3510-3) must be completed and resubmitted to this office by August 7, 1981. If hazardous waste is handled at the facility referenced above and the applicant fails or refuses to submit a complete Part A Application within this period, appropriate enforcement action may be taken.

If you have any questions, or need assistance, please contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency  
Permits Enforcement Branch  
6th and Walnut Streets  
Philadelphia, PA 19106  
Attn: Ms. Shirley Bulkin

Sincerely yours,

Shirley D. Bulkin  
RCRA Administrative Support Section  
Permits Enforcement Branch

## COMMUNICATION

☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

FROM:

DATE

4/28

TIME

11:05

Charles Turri

M. Kaplan

SUBJECT

Reilly-Whitman, Inc

(215) 828-3800

SUMMARY OF COMMUNICATION

No Process codes in description

- will send a letter ASAP

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:



REILLY-WHITEMAN INC. Conshohocken, Pennsylvania 19428  
INDUSTRIAL PROCESS OILS AND CHEMICALS

Telephone: 215-828-3800  
CABLE ADDRESS: WHITEMAN PHILADELPHIA

March 23, 1981

Ms. Shirley D. Bulkin  
Chief, RCRA Administrative Support Section  
Permit Enforcement Branch - Enforcement Div.  
United States Environmental Protection Agency  
Region 111  
6th & Walnut Streets  
Philadelphia, PA 19106

CERTIFIED MAIL

Dear Ms. Bulkin:

Enclosed is the information requested in the enclosed letter.

Yours sincerely,

REILLY-WHITEMAN INC.

Charles A. Turri

CAT:pb

Enc.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS

PHILADELPHIA, PENNSYLVANIA 19106

~~MAR 17 1981~~

Certified Mail  
Return Receipt Requested

Mr. Charles Turri  
Reilly-Whiteman, Inc.  
801 Washington St.  
Conshohocken, PA 19428

Re: Hazardous Waste Permit Application--Incomplete Application

EPA I.D. Number: PAD 00 235 1781  
Facility Name: Reilly-Whiteman, Inc.  
Facility Location: 801 Washington St.  
Conshohocken, PA 19428

Dear Mr. Turri:

The Environmental Protection Agency (EPA) has reviewed for completeness Part A of a RCRA permit application for the facility referenced above. The Agency has determined that the Part A permit application is incomplete. The items we found missing from the application are marked on the enclosed check list. All missing items marked with an asterisk (\*) should be completed on the application form and the form returned to this office by April 17, 1981.

If the applicant fails or refuses to correct the deficiencies in the application within the time set forth above, the Agency may (1) determine that the applicant failed to qualify for interim status; (2) deny the permit; and (3) commence enforcement action under applicable statutory authority, including Section 3008 of the Resource Conservation and Recovery Act.

If you have any questions, please contact Joan Henry on (215) 597-8751 or Bill Walsh on (215) 597-1230.

Sincerely yours,

A handwritten signature in cursive script that reads "Shirley D. Bulkin".

Shirley D. Bulkin  
Chief, RCRA Administrative Support Section  
Permit Enforcement Branch  
Enforcement Division

Enclosure





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD002351781

December 11, 1980

Reilly- Whiteman Inc.  
Mr. Charles Turri  
801 Washington Street  
Conshohocken, Pa. 19428

Re: Acknowledgment of Application for  
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

Inspection Report Comments

Date of Inspection 16 SEP 92 Identification Number \_\_\_\_\_

Company/Facility/Site Name REILLY-WHITEMAN INC

REILLY-WHITEMAN CURRENTLY HOLDS 2 EPA HAZARDOUS WASTE  
GENERATOR NUMBERS:

PAD 980715296 - FOR THE PHILADELPHIA SITE

§  
PAD 002351781 - FOR "REILLY-WHITEMAN WALTON" AND IS  
LISTED AS A SUPERFUND NUMBER.

IF ANY WASTE STREAMS ARE DETERMINED TO BE HAZARDOUS, REILLY-  
WHITEMAN SHOULD NOTIFY BOTH THE EPA AND THE STATE OF CURRENT  
GENERATING STATUS. OR OF ANY CHANGE IN STATUS.

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person Interviewed (signature) COPY MAILED TO FACILITY Date \_\_\_\_\_

Inspector (signature) [Signature] Date 30 SEP 92

Page \_\_\_\_\_ of \_\_\_\_\_

## Inspection Report Comments

Date of Inspection 16 SEP 92

Identification Number NON-NOTIFIER

Company/Facility/Site Name REILLY-WHITEMAN INC.

### OTHER AREAS OF CONCERN OBSERVED DURING THE INSPECTION

RAIL TANK CAR : THE TANK CAR SHOULD BE LABELED AS TO ITS CONTENTS AND CONTAINMENT PLACED AROUND THE CAR TO CONTROL ANY LEAKED OR SPILLED MATERIALS

SOUTH DYKE AREA : THE SUMP IS OVERFLOWN AND WOULD BE USELESS IN ABATING A MATERIALS SPILL. THIS SUMP SHOULD BE PUMPED OUT.

DRUM STORAGE AREA : THE THREE TANKER TRUCKS SHOULD ALSO BE LABELED AS TO CONTENTS AND WITH ANY OTHER APPROPRIATE SIGNS : "FLAMMABLE" "NO SMOKING" ETC..

THE DRUMS IN THIS AREA SHOULD BE PROPERLY LABELED AND STORED IN AN APPROPRIATE CONFIGURATION. ANY DAMAGED DRUM SHOULD BE MANAGED TO PREVENT LEAKAGE. THIS INCLUDES REPLACING OR OVERPACKING DRUM. ALL DRUMS SHOULD BE EITHER CLOSED WITH A BUNG OR A LID. A FEW DRUMS WERE WITH OPEN TOPS & ALSO SOME SHOWED SIGNS OF DETERIORATION. A HAZARDOUS WASTE DETERMINATION SHOULD BE MADE ON THE DRUMS IN THIS STORAGE AREA

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

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*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person Interviewed (signature)

COPY MAILED TO FACILITY

Date

Inspector (signature)

*[Handwritten Signature]*

Date

Page \_\_\_\_ of \_\_\_\_



## Inspection Report Comments

Date of Inspection 16 SEP 92 Identification Number NON-NOTIFIER  
Company/Facility/Site Name REILLY-WHITEMAN INC.

THE TANK FARM APPEARS TO BE SEVERLY MISMANAGED. SEVERAL INCHES OF DARK COLORED LIQUID WAS LYING WITHIN THE CONTAINMENT STRUCTURE AND IT APPEARS TO HAVE BEEN THERE FOR SOMETIME. THE CONTAINMENT STRUCTURE WAS VISIBLY STAINED WITH CURRENT AND PREVIOUSLY SPILLED MATERIAL. ALL SPILLED MATERIALS SHOULD BE CLEANED UP ALONG WITH OTHER SOILED AREAS IN AND AROUND TANK FARM AREA. THE CURRENT CONDITION IS IN VIOLATION OF ACT 97 AND PENNSYLVANIA CLEAN STREAMS LAW. THE TANK FARM SHOULD BE INSPECTED ON A REGULAR BASIS TO PREVENT FURTHER LEAKING OF MATERIALS FROM TANKS AND PIPING.

THE WASTE WATER TREATMENT TANKS AND PIPING WERE ALSO OBVIOUSLY LEAKING DURING THE INSPECTION. REPAIRS WERE NECESSARY IN SEVERAL AREAS. IF REILLY-WHITEMAN OBTAINS PERMIT-BY-RULE STATUS, THIS AREA WOULD HAVE TO COMPLY WITH CHAPTER 205 REQUIREMENT WHICH INCLUDE AT LEAST WEEKLY INSPECTIONS OF TREATMENT PROCESS AND ASSOCIATED EQUIPMENT

PLEASE SUPPLY THE BUREAU OF WASTE MANAGEMENT WITH A COPY OF REILLY-WHITEMAN'S 'PREPAREDNESS, PREVENTION & CONTINGENCY PLAN'. (CONTINUED)

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

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Person Interviewed (signature)

MAILED TO FACILITY

Date

Inspector (signature)

Date

30 SEP 92

Page \_\_\_\_ of \_\_\_\_



## Inspection Report Comments

Date of Inspection 16 SEP 92 Identification Number NON-NOTIFIERCompany/Facility/Site Name REILLY-WHITEMAN INC.

ON-SITE TO CONDUCT A JOINT INSPECTION WITH AIR & WATER QUALITY, INSPECTORS INCLUDED DESIREE HENNING, ALAN EVERETT, MATT KASE & BRAD CUNNINGHAM.

REILLY-WHITEMAN HAS ON-SITE TREATMENT OF THEIR PROCESS WASTE WATER WHICH IS ALLOWED TO DISCHARGE TO THE SCHUYLKILL RIVER VIA AN NPDES PERMIT. THE SLUDGE GENERATED FROM THIS PROCESS IS DRUMMED & HELD IN STORAGE IN AN OFF-SITE WAREHOUSE. A HAZARDOUS WASTE DETERMINATION SHOULD BE CONDUCTED ON THE SLUDGE IN ACCORDANCE WITH CHAPTER 262.11 OF PENNSYLVANIA'S HAZARDOUS WASTE REGULATIONS (COPY ATTACHED). IF THE SLUDGE OR ANY OTHER REILLY-WHITEMAN WASTE STREAM IS DEEMED HAZARDOUS, REILLY-WHITEMAN SHOULD COME INTO COMPLIANCE WITH ALL RULES AND REGULATIONS OF PENNSYLVANIA CODE TITLE 25 CHAPTERS 260-270 HAZARDOUS WASTE REGULATIONS.

REILLY-WHITEMAN SHOULD CONTACT LARRY LUNSK, DER FACILITIES MANAGER, [(215) 832-6212] TO INQUIRE ABOUT "PERMIT-BY-RULE" STATUS FOR THE WASTE WATER TREATMENT OPERATION.

(CONTINUED)

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

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Person Interviewed (signature) COPY MAILED TO FACILITY

Date \_\_\_\_\_

Inspector (signature) [Signature]Date 30 SEP 92

Page \_\_\_\_\_ of \_\_\_\_\_



# Hazardous Waste Inspection Report Generators - Part B

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			262
			X	Hazardous waste determination, copies available		.11
				Identification number		.12(a)
		X		Hazardous waste shipments offered only to licensed transporters		.12(d)
				Authorization received from TSD facility for wastes shipped off-site		.13
				PA manifest used for intrastate shipments		.20(b)
				Disposer state manifest or EPA format manifest used for out-of-state shipments		.20(c)
				Manifests filled out properly and completely		.20(g)
				Manifests routed properly and within time limits (7 days)		.23(e) or (f)
				Proper U.S. DOT shipping containers or packages		.30(1)
				Shipping containers marked and labeled according to U.S. DOT		.30(2)
				Containers of 110 gal. or less marked with required PA label		.30(3)
				Placards offered to transporter		.33
				Wastes accumulated on-site for less than 90 days		.34(1)
				Wastes stored in proper containers and properly marked and labeled		.34(2)
				Containers managed in accordance with 265.171-.177		.34(3)
				Containers clearly marked with accumulation date and visible for inspection		.34(4)
				Records retained at designated location for 20 years		.40
				Quarterly reports submitted to the Department		.41
				Exception reporting procedures followed		.42
				Hazardous waste disposal plan, if required		.45
				Spill reporting procedures followed		.46(a)
				Preparedness, Prevention and Contingency Plan and implemented		.46(e)
				Special requirements followed for international shipments		50.53.55.60
				On the job or classroom personnel training program 265.16		.34(a)(5)
		X		Drum accumulation area inspected weekly as per 265.174		.34(a)(3)
			X	TANK FARM CONTAINMENT AREA SPILLAGE		.46(c)

PAD 00 235178/

**1. Current waste handling method:**


- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal ☒ PBR POSSIBLE
- b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim PBR STATUS
- c. ☐ Off-site ☐ treatment, ☐ storage, ☐ disposal
- d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

a. NOT DETERMINED kg./mo.  
b. " " kg./yr.

Waste Number	Destination Facility	Location and Type
NOT DETERMINED		



FORM 1  
GENERAL

**EPA**

U.S. ENVIRONMENTAL PROTECTION AGENCY  
**GENERAL INFORMATION**  
*Consolidated Permit Program*  
*(Read the "General Instructions" before starting.)*

**I. EPA I.D. NUMBER**  
FPAD002351781

**LABEL ITEMS**  
**I. EPA I.D. NUMBER**  
**III. FACILITY NAME**  
**V. FACILITY MAILING ADDRESS**  
**VI. FACILITY LOCATION**

RECEIVED  
NOV 19 80  
EPA REGION III

PLEASE PLACE LABEL IN THIS SPACE

**GENERAL INSTRUCTIONS**  
If a preprinted label has been provided in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data appropriate fill-in area below. Also, if the preprinted data is absent (the area left of the label space lists the information that should appear), please provide it proper fill-in area(s) below. The label is complete and correct, you need not complete items I, III, V, and VI except VI-B must be completed regardless. Complete items if no label has been provided. Read the instructions for detailed item definitions and for the legal authorizations which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK		
	YES	NO	FORM ATTACHED		YES	NO	AT
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP REILLY - WHITEMAN INC.

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	TURRI, CHARLES - Chemist	215	828 3800

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	801 WASHINGTON ST.	4	CONSHOHOCKEN	PA	19428

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	801 WASHINGTON ST.	MONTGOMERY	6	CONSHOHOCKEN	PA	19428		



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
SULFATED OILS										SOLUBLE OILS									
C. THIRD										D. FOURTH									
(specify)										(specify)									
NATURALLY OCCURRING OILS										MODIFIED FATTY OILS									

## VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed Item VIII-A also the owner?				
REILLY - WHITEMAN INC.																									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)				
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)					215 828 3800				

E. STREET OR P.O. BOX																													
801 WASHINGTON ST.																													
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
CONSHOHOCKEN															PA					19428					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE LUBRICANTS FOR METAL-WORKING, TEXTILE AND LEATHER INDUSTRIES. ALSO DEFOAMERS AND SOFTENERS FOR ALUMINA AND PAPER INDUSTRIES.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Daniel S. Whiteman, Jr., President																														11/10/80									

## COMMENTS FOR OFFICIAL USE ONLY

C																								
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I. EPA I.D. NUMBER  
F P A D 0 0 2 3 5 1 7 8 1



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 20

COMMENTS

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION (place an "X" below and provide the appropriate date)**

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below)

YR.	MO.	DAY
8 5 1		

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left).

YR.	MO.	DAY
73 74	75 76	77 78

FOR NEW FACILITY PROVIDE THE DATE (yr., mo., & day) OF TION BEGAN OR EXPECTED TO BE

**B. REVISED APPLICATION (place an "X" below and complete Item I above)**

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	CODE	UNIT OF MEASURE	UNIT OF MEASURE	CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S02	4200	G		7				
2	T01	9500	G		8				
3					9				
4					10				

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Our existing facility consists of a collecting area and a treating area. The collecting area is composed of two underground enclosed pits, which are poured concrete faced with acid resistant brick. The treating area consists of three wooden and two metal tanks. Pipes are used to connect plant and lab drains to the collecting area and are also used to connect the collecting site with the treating area.

### IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

#### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pound per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two waste are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY											
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">             S W P A D 0 0 2 3 5 1 7 8 1           </div> <div style="border: 1px solid black; padding: 2px;">             T/A C 1           </div> </div>													<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">             S W           </div> <div style="border: 1px solid black; padding: 2px;">             T/A C 2           </div> <div style="border: 1px solid black; padding: 2px;">             DUP           </div> </div>											

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	23 - 26	27 - 35	36	27 - 29	27 - 29
1	D 0 0 2	9,996	T	502 TDI	as per letter 9/28/81
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					



# IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	T/A	C
F	P	A
D	0	0
2	3	5
1	7	8
1	6	

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	0	4	2	0
65	66	67	68	69

7	5	1	7	2	7
72	73	74	75	76	77

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	55	56	57	58	59	60	61	62
15	16								

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	C	G	40	41	42	43	44	45
15	16	15	16						

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Daniel S. Whiteman, Jr.

11/10/80

## X. OPERATOR CERTIFICATION

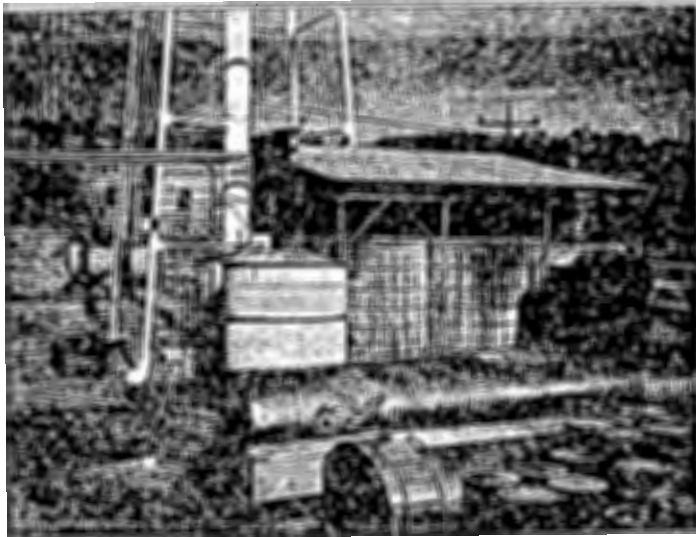
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

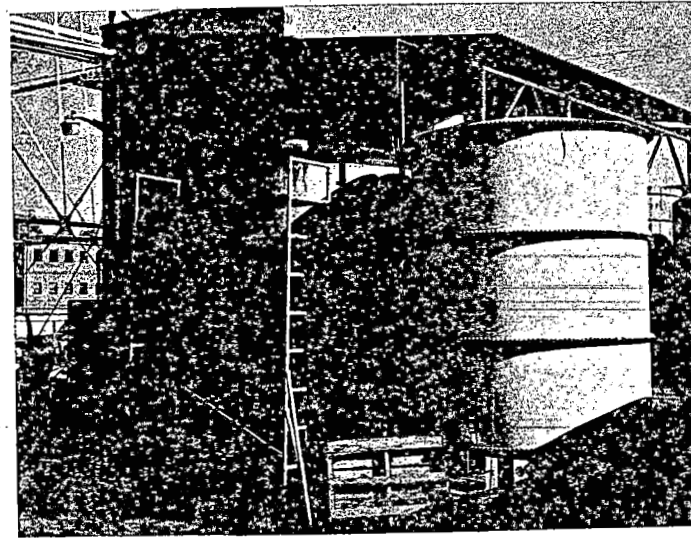
C. DATE SIGNED

VI - Photographs -



Reilly Whiteman

-1-

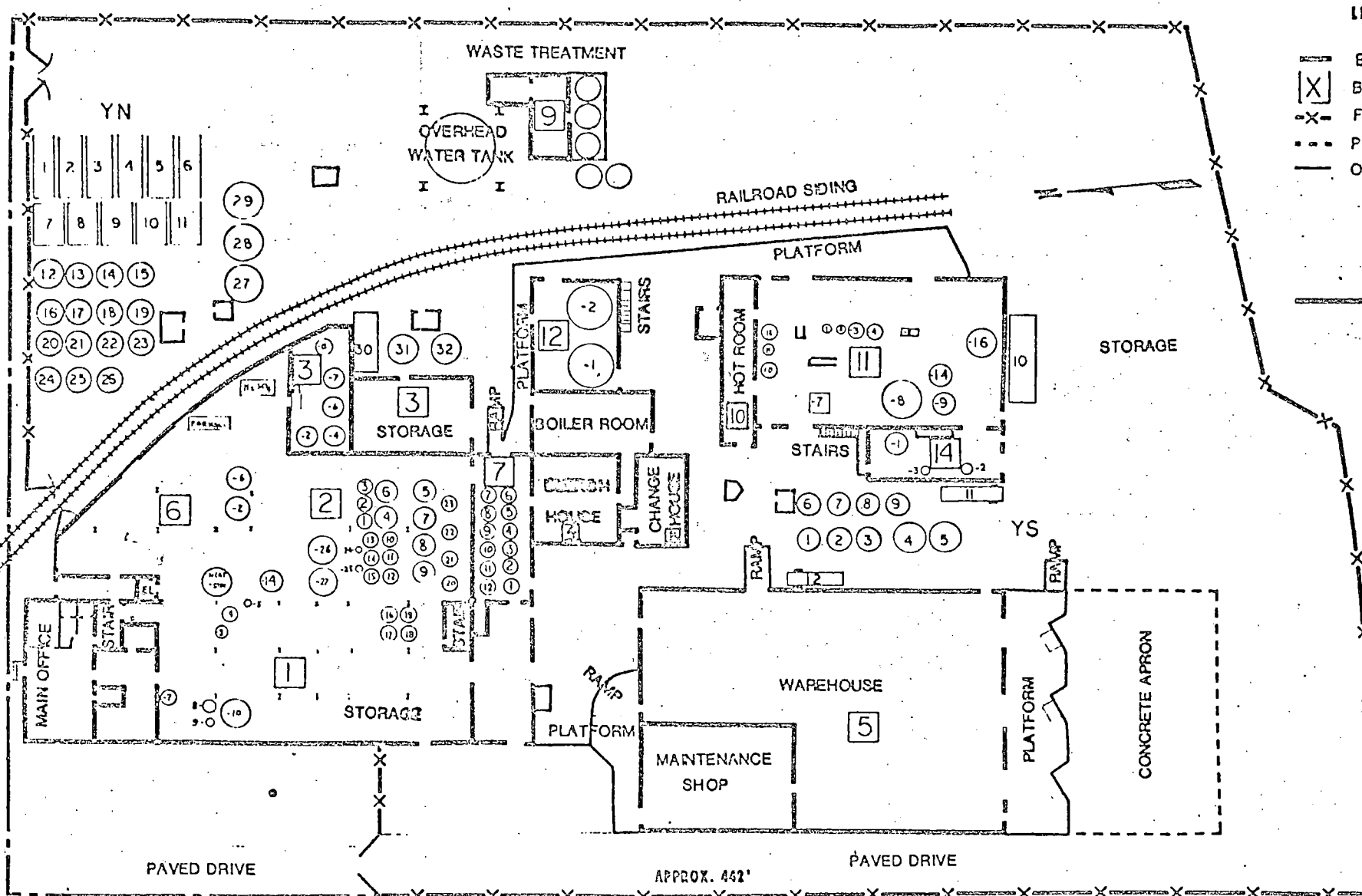


Reilly Whiteman

-2-

V. FACILITY DRAWING (see page 4)

APPROX. 442'



- LEGEND:
- EXISTING WALLS
  - BUILDING NUMBERS
  - FENCE LINE
  - PROPERTY LINE
  - OTHER FEATURES

Page 5 of 5



REILLY-WHITEMAN COMPANY, INC.  
CONSHOHOCKEN, PENNSYLVANIA  
SITE & FIRST FLOOR PLAN

27211-1972



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•PAD002351781

INSTALLATION ADDRESS

REILLY WHITEHAW INC  
801 WASHINGTON ST  
CONSHOHOCKEN PA 19428  
  
801 WASHINGTON STREET  
CONSHOHOCKEN PA 19428



# NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprint label, affix it in the space at left. If any information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprint label, complete all items. "Installation" means a single site where hazardous waste is generated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. Information requested herein is required by (Section 3010 of the Resource Conservation and Recovery Act).

RECEIVED

## FOR OFFICIAL USE ONLY

COMMENTS

EPA REGION III

AUG 18 1988

INSTALLATION'S EPA I.D. NUMBER										APPROVED										DATE RECEIVED (yr., mo., & day)									
FPA0002351781																				800818									

## I. NAME OF INSTALLATION

Reilly Whiteman Inc

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3801 Washington St

CITY OR TOWN

ST.

ZIP CODE

Conshohocken Penna

19428

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5801 Washington Street

CITY OR TOWN

ST.

ZIP CODE

Conshohocken Penna

19428

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

Charles Turri Chemist

215-828-3800

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Reilly Whiteman Inc

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)


☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) D.S. WHITEMAN, JR. PRES.	DATE SIGNED 8/15/80
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Results thru research...



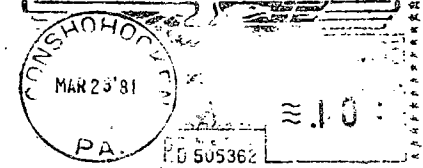
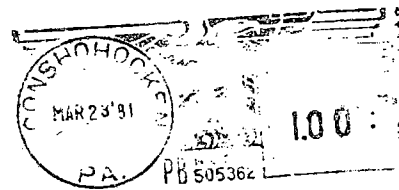
REILLY-WHITEMAN INC.  
CONSHOHOCKEN, PENNSYLVANIA 19428

*Phase II*

**CERTIFIED**

**No. 129323**

**MAIL**



Ms. Shirley D. Bulkin  
Chief, RCRA Administrative Support Section  
Permit Enforcement Branch - Enforcement Div.  
United States Environmental Protection Agency  
Region III  
6th & Walnut Streets  
Philadelphia, PA 19106

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